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AUTHOR Layden, Mary Anne
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ABSTRACT

Low self-esteem and depressed individuals tend to have an attributional style of externalizing success and internalizing failure. To evaluate a program developed to help reverse this pattern of responses to be more similar to high self-esteem and nondepressed individuals, subjects were first tested for self-esteem, depression, and attributional style. They were then given programmed feedback about their attributional style. They were asked to keep a record for 5 weeks of positive and negative experiences and to record attributions that partially or completely resembled those used by high self-esteem and nondepressed persons. A posttest session measured changes in self-esteem, depression, and attributional style. Subjects also performed a task which measured persistence following a failure experience. Results indicated that all experimental groups changed in self-esteem and attributional style and that one experimental group changed in depression. Subjects who changed their attributions for failure showed no significant deterioration in performance following a failure experience. That the findings for depression were not as strong as for self-esteem may indicate that depresion is a more intractable problem which needs longer and more intense intervention to show change. (Author/MCF)

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THE EFFECT OF ATTRIBUTIONAL STYLE CHANGE ON SELF-ESTEEM AND DEPRESSION

MARY ANNE LAYDEN

BEAVER COLLEGE

Glenside, Pa. 19038

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Abstract

Low self-esteem and depressed individuals tend to have an attributional style of externalizing success and internalizing failure. A program was developed to help reverse this patter of responses to be more similar to high self-esteem and nondepressed individuals.

Subjects were tested for self-esteem, depression and attributional style. They were then given programmed feedback about their attributional style. They were asked to keep a record for 5 weeks of positive and negative experiences and to record attributions that partially or completely resembled those used by high self-esteem and nondepressed persons.

A posttest session measured changes in self-esteem, depression and attributional style. Subjects also performed a task which measured persistance following a failure experience. Results indicated that all experimental groups changed in self-esteem and attributional style and that one experimental group changed in depression. Implications for therapy are discussed.

THE EFFECT OF ATTRIBUTIONAL STYLE CHANGE ON SELF ESTEEM AND DEPRESSION

A typical attributional response is to internalize success and to externalize failure (Miller & Ross, 1975; Snyder, Stephan & Rosenield, 1976). However low self-esteem individuals tend to show the opposite response, that is,they externalize success and internalize failure (Layden, 1976). Depressives have an attributional style similar to that of low self-esteem individuals (Seligman, Abramson, Semmel & von Baeyer, 1979).

These cognitive differences in attributions are also shown to be related to behavioral differences. Individuals whose typical style is to feel internally responsible for failure show a decrease in performance after experiencing a situation in which they believed they were failing (Layden, 1976).

The present study focuses on changing the attributional style shown by low self-esteem and depressed individuals to be more similar to high self-esteem and nondepressed individuals. It is predicted that attributional changes will produce improvements in affect, cognition and behavior.

Method

The present experiment was composed of four segments : (1) the pretest session, (2) the manipulation session, (3) the attribution change program, and (4) the posttest session.

Pretest. The pretest was composed of three questionnaires to measure self-esteem and depression: the Coopersmith Self-esteem Inventory (CSI), the 26 dot bipolar self-esteem measure(26 dot) and the D-30 depression inventory (D-30). Attributional style was also measures using the Attributional Style Questionnaire (ASQ). Subjects who were identified as low in self-esteem and/or high in depression were contacted and asked to participate in a program "to help students become more accurate in the judgments of causes."

Manipulation session. This session began with a battery of tasks and attribution questions. The purpose was to reveal to the subjects

their attributional style and to convince them that change was appropriate and would be beneficial. Subjects performed four different "social and intellectual tasks". After each task, subjects were given programmed feedback about how well they had performed: twice they were told they succeeded and twice they were told they failed. Following each feedback, subjects answered attribution questions about their performance. At the conclusion of all the tasks, the experimenter discussed with the subjects the kind of attributional style they had exhibited both on the tasks they had just performed and on the pretest attributional style questionnaire. The discussion of attributional style constituted the experimental manipulation and, for reasons of control, was not specifically based upon the individuals performance. The attributional style described was that typically found with low self-esteem and/or depressed individuals. The manipulation took one of three forms: (1) These subjects were told they tended to externalize positive outcomes and internalize negative outcomes (+E/-I), (2) These subjects were told they tended to externalize positive outcomes but showed no particular bias in negative outcomes (+E), and (3) These subjects were told they tended to internalize negative outcomes but showed no particular bias in positive outcomes (-I).

Finally, the experimenter invited the subjects to participate in a program to help them to become more accurate in their attributions. The program differed depending upon the manipulation group in which the subject was a member. Subjects in the first group were asked (a) to keep a record of seven positive events that happened to them during the week and to find internal causes for these events and (b) to keep a record of seven negative events that happened to them during the week and to find the external causes for these events. Hence, subjects in this condition were told that their attributional style was +E/-I, and they were asked to pratice the style of +I/-E. This was designated the IE condition.

The second group, (I condition) which had a style of externalizing positive events (+E), recorded seven positive events each week and the relevant internal causes (+I). The tird group (E condition) which had a style of internalizing negative events (-I), recorded seven negative events each week and the relevant external causes (-E). In order to equalize the number of events each subject recorded, subjects in the I

and the E condition were also asked to keep a record of seven events in the area in which they were told they typically made accurate attributions (i.e., negative events for subjects in the I condition and positive events for subjects in the E condition). For these events they could record any attributions that were appropriate. In summary, the manipulation for this study involved telling subjects that they made attributions which completely or partially resembled those made by low self-esteem individuals and then asking them to practice making attributions which completely or partially resembled those made by high self-esteem individuals.

Attribution change program. Subjects kept their records of events and attributions for five weeks and turned them in at the end of each week to the teaching assistant in their discussion sections.

Posttest session. Subjects filled out identical or alternate forms of the questionnaires they had completed in the pretest session to measure self-esteem, depression and attributional style. In addition, they completed the Beck Depression Inventory (BDI) measuring state depression. During this session, they completed a task which consisted largely of insolvable anagrams, were given accurate feedback about their performance, and answered several attribution questions. A control group who had taken the pretest, but had neither participated in the manipulation session nor the change program, completed the questionnaires and the tasks in the posttest session. Finally, the experimental groups were asked to answer some questions evaluating the program.

Results

All comparisons between the pretest and the posttest were tested using the Least Significant Difference test. For these analyses only the significance will be reported.

Attributional Style. Subjects in the IE and I conditions were expected to increase in +I attributional responses on the ASQ from pretest to posttest; subjects in the IE and the E conditions were expected to increase in the -E attributional response fron pretest to posttest. All hypotheses were supported. On the +I response for the IE group, $p < .05$; for the I group, $p < .025$. On the -E response for the IE group, $p < .005$, and for the Egroup, $p < .025$. No other significant changes were found. (Tables 1 and 2)

Table 1

Attributional Style Questionnaire: +I Response

Conditions	Pretest	Posttest	Difference
IE	7.33	8.78	+1.45
I	6.89	8.78	+1.89
E	8.89	8.66	- .22
C	6.90	6.40	- .50

Note: Larger means more frequent +I responses.

Table 2

Attributional Style Questionnaire: -E Response

Conditions	Pretest	Posttest	Difference
IE	5.33	7.22	+1.89
I	5.78	6.78	+1.00
E	5.22	6.67	+1.44
C	5.30	5.70	+ .40

Note: Larger means indicate more frequent -E response.

Self-esteem. All experimental groups were expected to increase in self-esteem. No significant change was expected in the control group. Hypotheses were supported for both measures of self-esteem. CSI for the IE group, $p < .005$, for the I group, $p < .005$, for the E group, $p < .025$. 26-Dot for the IE group, $p < .001$, for the I group, $p < .005$, for the E group, $p < .01$. The control group did not increase significantly on either measure. (Tables 3 and 4)

Depression. Less depression was expected in the experimental groups than in the control group. The hypothesis was supported for the I group only. On the D-30 for the I group, $p < .025$. On the BDI for the I group, $p < .05$. No other significant differences were found. (Tables 5 and 6)

To test the possibility that changes in attributional style were unrelated to changes in depression, correlations were performed. Correlations were significant between changes in the ASQ and changes in the D-30 ($r = -.59$, $p < .01$) and between the ASQ and the BDI ($r = -.43$, $p < .01$). Both of these findings indicate that the negative results for the depression measures were not due to a lack of relationship with attributional style.

Anagrams. Subjects who had focused on changing their responses to failure during the attribution change program (the IE and the E groups) were expected to show no deterioration in their performance on the anagram task after the failure experience. Subjects who had not focused on changing their attributions for failure (the I and the C groups) were expected to show deterioration of their performance. The hypothesis was supported. For the failure focusing group, $p < .025$. (Table 7)

In addition, subjects in the nonfailure focusing group should make more internal attributions for their failure than subjects in the failure-focusing group. Means for the failure focusing group were 4.78 and for the nonfailure focusing group were 3.39. Smaller means indicate a more external response. A t-test was performed and the results were significant, $t(34) = 2.45$, $p < .01$.

Discussion

An individual who begins to employ the causal cognitions of a high self-esteem person will become a high self-esteem person. In addition, depression, which is typically considered to be an affective

Table 3

Coopersmith Self-Esteem Inventory

Conditions	Pretest	Posttest	Difference
IE	51.11	61.67	+10.56
I	49.80	60.80	+11.00
E	52.89	60.78	+ 7.89
C	51.30	54.30	+ 3.00

Note: Larger means indicate higher self-esteem.

Table 4

26-Dot Semantic Differential

Self-Esteem Measure

Conditions	Pretest	Posttest	Difference
IE	265.78	308.33	+42.55
I	279.80	306.50	+26.70
E	284.67	308.33	+23.66
C	264.80	255.70	- 9.10

Note: Larger means indicate higher self-esteem.

Table 5

D-30

Conditions	Pretest	Posttest	Difference
IE	12.22	10.22	-2.00
I	13.40	8.50	-4.90
E	13.56	11.33	-2.23
C	12.40	11.10	-1.30

Note: Larger means indicate more severe depression.

Table 6

Beck Depression Inventory

Conditions	
IE	7.11
I	6.50
E	7.33
C	11.10

Note : Larger means indicate greater depressive symptomatology

Table 7

Anagram Task Performance: Number Correct

		Pretest	Posttest	Difference
Failure-Focusing Group	IE	2.78	2.56	-.22
	E	3.00	2.44	-.56
	$\bar{X}$	2.89	2.50	-.39
Nonfailure-Focusing Group	I	2.60	1.80	-.80
	C	3.00	2.13	-.87
	$\bar{X}$	2.79	1.94	-.83

Note: Means indicate number of anagrams solved.

phenomena, is also related to the cognitions of attributions. Behavioral responses were also affected by the change in attributional style. Subjects who changed their attributions for failure to more external responses shpwed no significant deterioration in their performance following a failure experience.

However, the findings for depression were not as strong as the results for self-esteem. It may be that depression is a more intractible problem which needs a longer or more intense intervention to show changes. Since the E and the IE groups were the problematic ones it may be that externalizing failure is not the most effective method. Another option may be to unstabelize failure. A failure caused by an unstable cause (such as effort) may energize future responding and help alleviate helplessness.

This research has a number of implications for therapy. Not only patients who are low self-esteem and depressed have difficulty with attributions. Battered wives, abused children and rape victims often feel responsible for the attacks they have sustained. Students with test anxiety often disrupt their performance on exams by thinking negative attributional thoughts about their performance and their level of ability. Patients treated with drugs are in danger of attributing their improvement to the drugs. Patients with very directive therapists or patients who are institutionalized may attribute any improvements to the therapist or to the hospital environment. Therapists must always be cognizant of attributional consideration.

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